

**N. B.**—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

SEP 26 1961

**Do not use this space.**

27346

### 1. PLACE OF DEATH

84 County Pauls Registration District No. 711  
Township Marion Primary Registration District No. 593.0  
City \_\_\_\_\_ (No. \_\_\_\_\_)

File No. ....  
Registered No. 48 .....  
St. .... Ward

**2. FULL NAME**

(a) Residence, No. 1001 N. 1st St. Ward. 1  
(Usual place of abode)  
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.  
(If nonresident, give city or town and State)

### PERSONAL AND STATISTICAL PARTICULARS

3. SEX M	4. COLOR OR RACE W	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED
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5A. IF MARRIED, WIDOWED; OR DIVORCED  
HUSBAND OF  
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *May 16-1851*

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, .....hrs or .....min
	82	3	102	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Farmer*

9. Industry or business in which work was done, as silk mill, saw mill, bank etc.

10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_

11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) KY

13. NAME *Armenia Kir*

14. BIRTHPLACE (CITY OR TOWN).....  
(STATE OR COUNTRY).....

HER	15. MAIDEN NAME	Not Known
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16. BIRTHPLACE (CITY OR TOWN) LA  
(STATE OR COUNTRY)

17. INFORMANT (ADDRESS) Parvathy Tharun Kumar  
Ph. 10 10 10

18. BURIAL, CREMATION, OR REMOVAL  
PLACE C. Haven DATE Aug. 30.

19. UNDERTAKER Hutchinson - Blue  
(ADDRESS)

20. FILED Aug 30<sup>th</sup> 1980 L.F. Pickett

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 29 . 19 33

22. I HEREBY CERTIFY, That I attended deceased from  
Said date 19 death - 19

I last saw Her father Aug 29, 1933 Death is said  
to have occurred on the date stated above. 1930

The principal cause of death and related causes of importance were as follows:

Not Known

1. Gas meter 1.29  
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 100. Gas meter 1.29

10-27

Other contributory causes of importance:

No Contributing Cases

3

Name of operation..... Home ..... Date of..... 6 .....

What test confirmed diagnosis?..... Autopsy ..... Was there an autopsy?..... Yes .....

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide?..... Date of injury....., 19.....

Where did injury occur?.....  
(Specify city or town, county, and State)  
Specify whether injury occurred in industry, in home, or in public place

Manner of injury. Blow

**Nature of injury** .....

24. Was disease or injury in any way related to occupation of deceased?.....  
If so, specify CAR

(Signed) Julius Rosenberg, M. D.  
(Address) Palmer Park, Rochester

1953

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